



Reducing the number of Catheter Insertions and/or Catheter-Associated Urinary Tract Infections (CAUTIs) in the Emergency Department (ED)



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Objective

To decrease the number of catheter-associated urinary tract infections in the emergency department.

Purpose

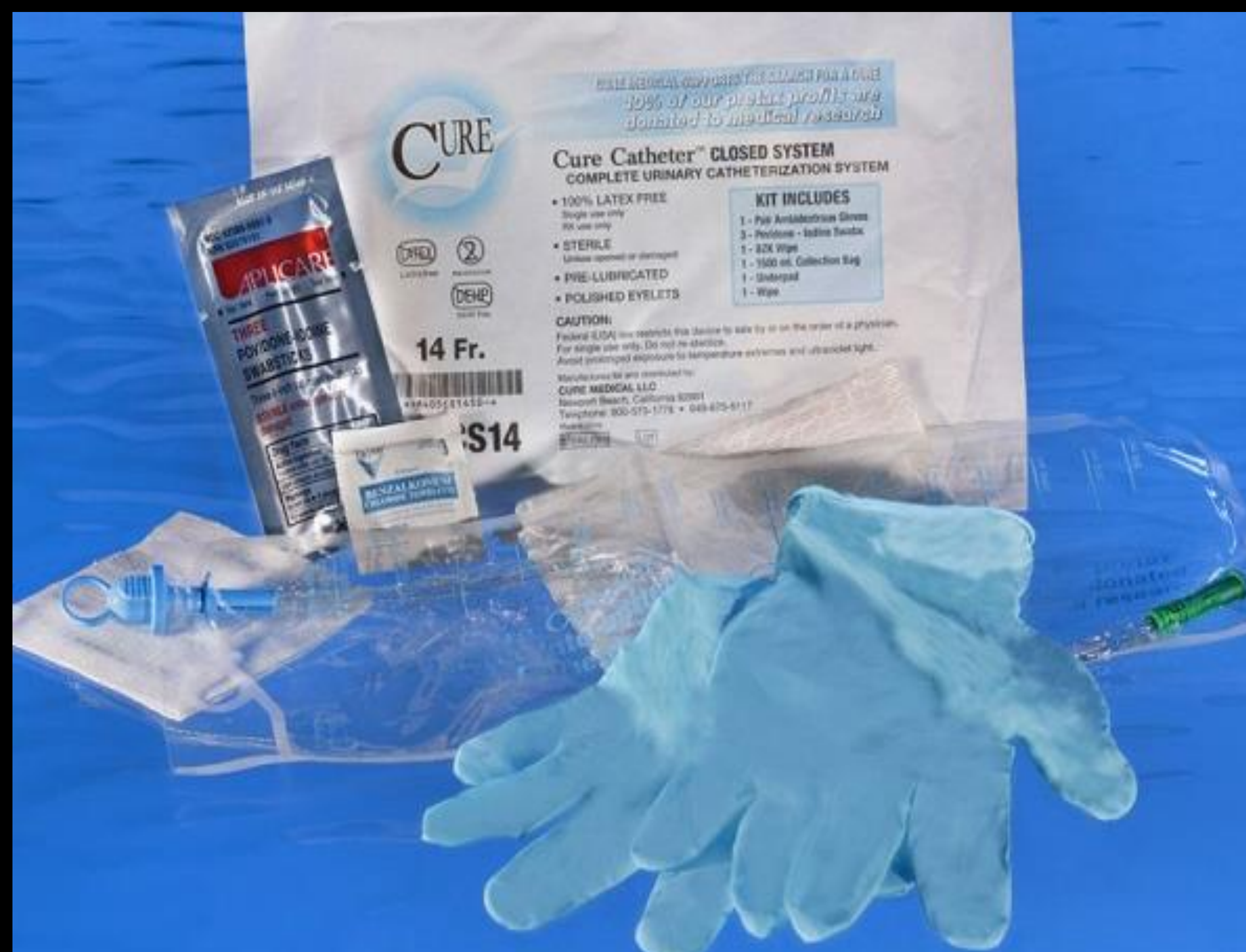
The purpose of this project is to compare the protocol for inserting catheters at the facility we are basing our research on with the Center for Disease Control (CDC) and Prevention's protocol; based on this comparison, we will create a new protocol for our facility to help reduce the number of CAUTIs and unnecessary catheter insertions. According to the CDC, among the urinary tract infections acquired during hospitalization approximately 75% are associated with a catheter (2017). In 2018, Joint Commission identified prevention of infections of the urinary tract that are caused by catheters as a national patient safety guide, or NPSG.07.06.01 (2017). By creating a protocol for inserting a catheter, the goal is to reduce the number of CAUTIs.

Clinical Observations

During our clinical rotation, we have seen multiple unnecessary catheter insertions such as inserting a Foley in the ED for a urine culture when the patient could voluntarily void. Another example is a catheter insertion as a substitute for frequent toileting.

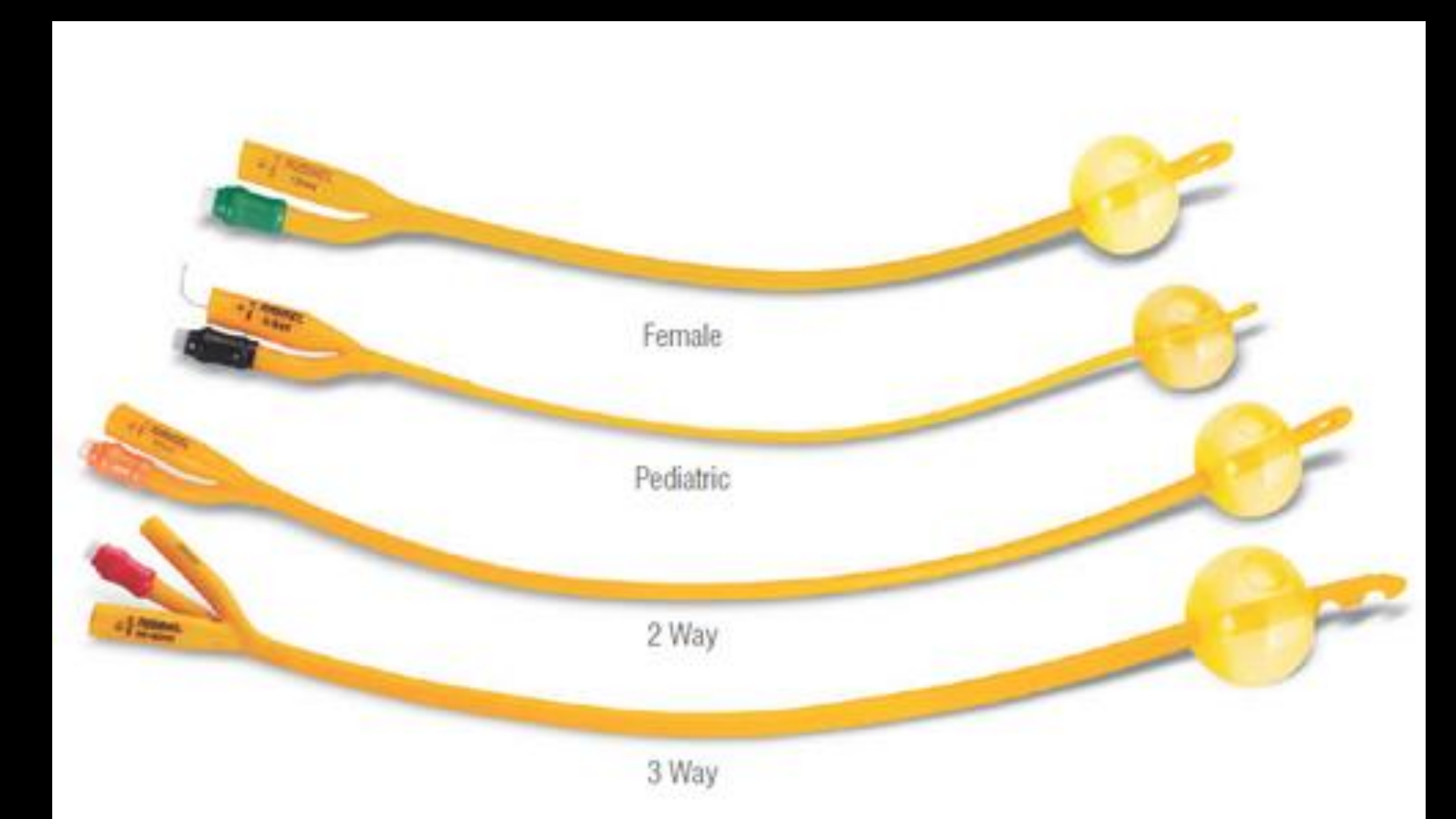
CDC Guidelines for Catheter Insertion

- Need for accurate measurement of urinary output in critically ill patients.
- Perioperative use for selected surgical procedures
 - Patient (Pt). undergoing urologic surgery or other structures of the genitourinary tract.
 - Anticipated prolonged duration of surgery (The catheter should be removed in PACU)
 - Pt. to receive large-volume infusions/ diuretics during surgery.
- Pt. requiring prolonged immobilization (potentially unstable thoracic/ lumbar spine, multiple traumatic injuries).
- Pt. has an obstruction of urinary tract distal to bladder.
- Pt. has urinary incontinence that poses a risk to the pt. (major skin breakdown or protection of nearby operative site).
- Pt. permits urinary drainage in pt. with neurogenic bladder dysfunction or urinary retention.



Current Hospital Policy

The clinical facility that our research is based on does not have a specific policy for insertion of catheters in the ED; however, the facility does have a CAUTI bundle, which includes: checking the necessity of the catheter daily, proper securement, keeping the bag below the bladder, maintaining a closed system, emptying the bag before transport, catheter care with castile wipes, and proper documentation. The facility also has a policy for catheter removal.



Clinical Implications

- The nursing students will educate the faculty of the clinical facility about valid reasons to catheterize a patient.
- The nursing students will recommend the addition of the CDC guidelines for catheter insertion to the facility administration.

References

References are printed, available as a handout upon request.